N0500011492

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tim Staier	Ministries, Inc.	
DOCUMENT NUMBER: <u>N05000011492</u>		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
James G. Lyons		
(Name	e of Contact Person)	
Lyons and Lyons, CPA		
(F	irm/ Company)	
106 W Blvd.		
	(Address)	
Macclenny, FL 32063	17' (2.1)	
For further information concerning this matter	State and Zip Code) -, please call:	
James G. Lyons	at (<u>904</u>) <u>259-430</u>	
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida De	partment of State:
✓ \$35 Filing Fee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED 2000 NOV 20 PM & 28

Tim Staier Ministries, Inc.	TALLAHASSEE PLORIDA
(Name of Corporation as currently filed with the Florida Dep	t. of State)
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i>	Profit Corporation adop
A. If amending name, enter the new name of the corporat	ion:	
The new name must be distinguishable and contain the wor abbreviation "Corp." or "Inc." <mark>"Company" or "Co." may n</mark>		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS))	
C. Enter new mailing address, if applicable:	4.071	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:		
New Registered Office Address: (Flo	orida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I apposition.		cept the obligations of t

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	· ·	·	Add Remove
			Add Remove
			D D
(attach Article IX "Upon th or more	additional sheets, if nec is being totally reple e dissolution of the exempt purposes w	onal Articles, enter change(s) here: essary). (Be specific) aced by the following statement: organization, assets shall be distribute ithin the meaning of section 501(c)(3) tion of any future federal tax code."	
		 ;	
		·	

The date of each amendmen	t(s) adoption: November 18, 2008	
Effective date <u>if applicable</u> :	November 18, 2008	
•	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated <u>Nov</u> Signature	vember 18, 2008	
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	Timothy D. Staier	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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Lyons and Lyons, CPA		
(Fi	irm/ Company)	
106 W Blvd.		
	(Address)	
Macclenny, FL 32063		
For further information concerning this matter	State and Zip Code) , please call:	
James G. Lyons	at (<u>904</u>) <u>259-43</u>	
(Name of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the following amount in	made payable to the Florida De	partment of State:
\$\sqrt{35}\$ Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301